

## PROVIDER BULLETIN

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## MO HEALTHNET COVERAGE OF ADULT DENTAL SERVICES

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### ADULT CATEGORIES OF ASSISTANCE INCLUDED

House Bill 11, passed by the 98<sup>th</sup> Missouri General Assembly provides funding to add certain dental services for adults in the following categories of assistance:

<u>ME Code</u>	<u>Description</u>
01	Old Age Assistance (OAA)
04	Permanently and Totally Disabled (APTD)
05	Medical Assistance for Families – Adult (ADC-AD)
10	Vietnamese or Other Refugees (VIET)
11	Medical Assistance – Old Age (MA-OAA)
13	Medical Assistance – Permanently and Totally Disabled (MA-PTD)
14	Supplemental Nursing Care – Old Age Assistance (NC-OAA)
16	Supplemental Nursing Care – PTD (NC-PTD)
19	Cuban Refugee
21	Haitian Refugee
24	Russian Jew
26	Ethiopian Refugee
83	Presumptive Eligibility – Breast or Cervical Cancer Treatment (BCCT)
84	Regular Benefit – Breast or Cervical Cancer Treatment (BCCT)

### PROCEDURE CODES - ADULT DENTAL COVERAGE

Effective for dates of service on and after January 1, 2016, the following codes, along with their descriptions and MO HealthNet Division (MHD) requirements and limitations are added for adult dental coverage:

Procedure Code	Procedure Code Description	*MHD Requirements / Limitations
D0140	Limited oral evaluation – problem focused	None
D0220	Intraoral – periapical – first film	None
D0230	Intraoral – periapical – each additional film	Limited to 4 per day.
D0330	Panoramic film	Only for ages 6 and over. Limited to 1 per 24 months.
D7140	Extraction, erupted tooth or exposed root (evaluation and/or forceps removal)	None
D7210	Removal of erupted tooth requiring removal of bone and/or sectioning of tooth	None
D9110	Palliative (emergency) treatment of dental pain – minor procedure	None
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	Operative Report required.
D7220	Removal of impacted tooth – soft tissue	X-ray required if teeth are not #s 1, 16, 17 or 32.
D7230	Removal of impacted tooth – partially bony	X-ray required if teeth are not #s 1, 16, 17 or 32.
D7510 (TOS 2 Surgery)	Incision and drainage of abscess – intraoral soft tissue	None
D7511 (TOS 2 Surgery)	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	None
D7520 (TOS 2 Surgery)	Incision and drainage of abscess – extraoral soft tissue	None
D7521 (TOS 2 Surgery)	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	None
D7240	Removal of impacted tooth – complete bony	X-ray required if teeth are not #s 1, 16, 17 or 32.
D7241	Removal of impacted tooth – complete bony, with unusual surgical complications	X-ray required if teeth are not #s 1, 16, 17 or 32.
D7250	Surgical removal of residual tooth roots (cutting procedure)	X-ray required.
D7285 (TOS 2 Surgery)	Biopsy of oral tissue – hard (bone, tooth)	None
D7286 (TOS 2 Surgery)	Biopsy of oral tissue – soft (all others)	None
D9230 (TOS 2 Surgery)	Analgesia	None
D9243	Intravenous conscious sedation/analgesia – each 15 minute increment	Limited to 3 units per day. 4 or more units require prior authorization.
D9248 (TOS 2 Surgery)	Non-intravenous conscious sedation	None
D9610	Therapeutic drug injection	None
D9612	Therapeutic parental drugs, 2 or more administrations, diff medication	None
D7260 (TOS 2 Surgery)	Oroantral fistula closure	None
D7261 (TOS 2 Surgery)	Primary closure of a sinus perforation	Operative Report required.
D0150	Comprehensive oral evaluation	None
D1110	Prophylaxis – Adult (Ages 13-125)	Limited to 1 dental prophylaxis per 6 months, same provider, both arches.
D0272	Bitewings – 2 Films	Limited to 1 set of bitewings per 6 months, same provider.
D0274	Bitewings – 4 Films	Limited to 1 set of bitewings per 6 months, same provider.
D4341 (TOS 2 Surgery)	Periodontal Scaling and Root Planing	Prior Authorization required.

D4342 (TOS 2 Surgery)	Periodontal Scaling and Root Planing	Prior Authorization required.
D4355 (TOS 2 Surgery)	Full Mouth Debridement	None
D4910	Periodontal Maintenance	None
D2140	Amalgam – one surface, primary or permanent	None
D2150	Amalgam – two surfaces, primary or permanent	None
D2160	Amalgam – three surfaces, primary or permanent	None
D2161	Amalgam – four or more surfaces, primary or permanent	None
D2330	Resin-based composite – one surface, anterior	None
D2331	Resin-based composite – two surfaces, anterior	None
D2332	Resin-based composite – three surfaces, anterior	None
D2335	Resin-based composite – four or more surfaces, or involving incisal angle, anterior	None
D2390	Resin-based composite crown, anterior	None
D2391	Resin-based composite – one surface, posterior	None
D2392	Resin-based composite – two surfaces, posterior	None
D2393	Resin-based composite – three surfaces, posterior	None
D2394	Resin-based composite – four or more surfaces, posterior	None
D2940	Protective restoration	None
D2950	Core build-up, including pins when required	None

\*An explanation of any CDT reference limitations for this code may be found at <http://www.ada.org/en/publications/cdt/>.

All other dental program benefits remain unchanged. Please reference [http://manuals.momed.com/collections/collection\\_den/print.pdf](http://manuals.momed.com/collections/collection_den/print.pdf) for additional information regarding MO HealthNet Dental Program benefits and limitations.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**

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